

County of San Diego
Health and Human Services Agency (HHSA)
Mental Health Services
Policies and Procedures
MHS General Administration

Subject:	Long-Term Care Placement	No:	MHS-01-02-210 Formerly 01-02-210		
Reference:	Title 9	Page:	1	of	12

PURPOSE:

To provide a process for ensuring that clients with serious and persistent mental illness receive services in the least restrictive environment possible. Secure facilities, for example, Institution for Mental Disease (IMD), are to be used as an integrated part of the patient's overall care plan aimed at improving adaptive functioning toward eventual residence in the community and involvement with community-based treatment.

BACKGROUND:

Since 1991, the State of California transferred to the counties almost total control of the funding designated for the care of seriously mentally ill persons. The counties, over the next several years, moved patients from the state hospitals back to placements closer to their home areas, as they expanded mental health services overall. While many of the persons that were discharged from state hospitals were able to live relatively successfully in the community, with varying levels of support and treatment, there remains a group of gravely disabled people who require treatment in secure and/or locked Long -Term Care (LTC) facilities.

OptumHealth is the County of San Diego's current contractor that serves as the Administrative Services Organization (ASO) to provide Utilization Management (UM) for Adult/Older Adult Mental Health Services (A/OAMHS) county-funded locked/secure facility beds.

POLICY:

San Diego County residents who have a serious, persistent Axis I diagnosed mental illness, who meet the guidelines for the target population, and who are referred for admission to a Secure Facility/LTC (IMD) program, shall meet criteria for eligibility. There shall be a specific referral process in place, which shall include a review by the OptumHealth LTC Coordinator and the OptumHealth Medical Director who shall determine whether admission criteria are met.

Secure/LTC facilities (IMD, Mental Health Rehabilitation Center (MHRC), State Hospital and alternatives to IMD) are only eligible/available by referral from OptumHealth following a thorough clinical review. Referrals for County funded Skilled Nursing Facility (SNF) patch beds are submitted to OptumHealth for verification of funding and conservatorship but not clinically reviewed clients admitted to a Secure/LTC facility shall receive an individualized treatment plan, treatment goals, and a plan for discharge to a less restrictive level of care by the admitting facility.

Approved Date:	Approved:
5/10/11	Alfredo Aguirre's Signature on File
	Director, Mental Health Services/Designee

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Each Secure/LTC facility shall submit scheduled reports on client progress and as appropriate, each client shall be re-referred to OptumHealth LTC Coordinator for continued authorization for the client to remain at the facility. SNF patch clients are not reviewed for continued stay by OptumHealth.

DEFINITIONS:

Administrative Services Organization: Organization under contract with the County of San Diego, Health and Human Services Agency (HHSA), Adult Mental Health Services (AMHS) to provide utilization management.

Ancillary Services: Services that are not covered in the daily bed rate paid to a facility and are billed to another source, for example: psychiatrist, medical doctor, psychologist time and medications.

OptumHealth LTC Coordinator: The A/OAMHS staff person designated by OptumHealth to coordinate and provide LTC utilization management and coordination for county contracted Locked/Secure LTC facilities.

MHS Adult/ Older Adult LTC Coordinator: The A/OAMHS County of San Diego staff person designated by the County of San Diego Mental Health Director to provide LTC utilization management and coordination between OptumHealth, Locked/Secure LTC facilities, clients and the County's Adult Mental Health Services.

Contracting Officer's Technical Representative (COTR): County of San Diego, Adult Mental Health person responsible for ensuring that each facility or provider under contract with the county is in compliance with the contract agreement terms and conditions.

"Criteria for Admission" and "Criteria for Continued Care": Lists that specify the eligibility parameters for a level of care.

Gravely Disabled: Defined in the Welfare and Institutions Code 5008, Section (h) (1) (A)... "A condition in which a person, as a result of a mental disorder, is unable to provide for his or her basic needs for food, clothing, or shelter."

Institution for Mental Disease: A 24-hour institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental disorders.

Locked/Secure Facilities: County-funded institutions that provide intensive psychiatric stabilization and rehabilitation includes: IMD, MHRC, and SNF.

Mental Health Rehabilitation Center: A 24-hour program licensed by the Department of Mental Health which provides intensive support and rehabilitation services designed to assist persons, 18 years and older with mental disorders, to develop skills to become self sufficient and capable of increasing levels of independence and functioning.

Quality Improvement Specialist: County of San Diego Mental Health Services (MHS) staff person designated to conduct facility and/or records review.

Skilled Nursing Facility: A health-care institution that meets federal criteria for Medicaid and Medicare reimbursement for nursing care including especially the supervision of the care of every patient by a physician, the employment full-time of at least one registered nurse, the maintenance of records concerning the care and condition of every patient, the availability of nursing care 24-hours a day, the presence of facilities for storing

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and dispensing drugs, the implementation of a utilization review plan, and overall financial planning including an annual operating budget and a 3-year capital expenditures program.

Utilization Management: The process of authorizing admission, continued care, and payment for services utilizing specified criteria.

I. Target Population

The target population clients experiencing serious medical and psychiatric or medical disabilities and require a safe, and structured living environment upon discharge from the hospital. The persons served should have the potential to benefit functionally from rehabilitation services and have the capacity to progress to a less restrictive level of care. The person will have been found gravely disabled by the Superior Court and will have a temporary or permanent Lanterman-Petris-Short (LPS) Conservator. For an IMD, the age range is 18 years to 64 years old.

II. Referral Process

A. The client must meet the following criteria for a county - funded IMD.

1. A current resident in the State of California and Medi-Cal eligibility for the County of San Diego.
2. IMD and an MHRC facility has received a client referral from OptumHealth (Optum, the IMD, and MHRC must review the referral for admission. (Each facility must inform Optum within forty eight (48) hours of receiving the referral, whether the facility will accept or deny admission of the client. The facility must inform OptumHealth of the reason for the denial or if accepting, the date expected to admit client.
3. Is not entitled to comparable services through other systems (e.g. Veterans (VA)), Regional Center and private insurance.
4. Not able to be maintained at a less restrictive level of care.
5. Has an adequately documented Title 9 Axis I diagnosis of a serious, persistent, major, non-substance abuse related mental disorder. The symptoms must not be primarily a manifestation of a developmental disorder. Clients may also have a concurrent diagnosis on Axis II or have a substance abuse diagnosis as a concurrent Axis I diagnosis. An Axis II diagnosis alone is not sufficient to meet criteria.
6. Have the potential to benefit from an intensive psychosocial rehabilitation treatment program and the potential to progress to a less restrictive level of care.
7. Is gravely disabled as determined by the establishment of a temporary or permanent public or private LPS Conservatorship by Superior Court.
8. Has a Tuberculosis (TB) clearance within thirty days of application.
9. Is on a stable, clinically appropriate medication regimen.

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10. Has absence of current extreme dangerousness to self or others. This includes absence of chronic or recurrent episodes of assaultive behavior.
11. Each facility will make final determination on client's admission.
12. Hospitals must submit a new IMD referral packet for any previous IMD client regardless of the date the client may have been previously discharged from an IMD.

B. VISTA KNOLL

The County of San Diego AMHS has a contract with Vista Knoll, a SNF in North County, for beds in the specialized Neurobehavioral Health Unit for residents with Traumatic Brain Injuries (TBI). The individual:

1. Must meet all 12 criteria for eligibility to county-funded IMD facilities.
2. Must have a documented Axis I diagnosis of a serious, persistent, major, non-substance abuse related mental disorder as stated in Title 9, with documented evidence it existed prior to the TBI.

C. SNF: The client must meet the following criteria for a County SNF Patch bed:

1. A current resident of San Diego County.
2. Current verification that the client is a recipient of Social Security Income (SSI) and Medi-Cal to fund room and board services while at the SNF facility, or has payee who consents to payment for the services, or, if the client is indigent, client must have verification that the SSI/Medi-Cal application has been completed and submitted to SSI and the county, respectively, during the SNF referral process.
3. Hospitals must submit referrals to OptumHealth prior to an admission review by a county contracted SNF. The facility must inform OptumHealth of the reason for the denial or if accepting, the date expected to admit client within 48 hours.
4. Is not entitled to comparable services through other systems (e.g. VA), Regional Center, private insurance.
5. Not able to be maintained at a less restrictive level of care.
6. SNF Patch beds are able to accommodate male or female clients. Generally clients must be ambulatory and have the ability to participate in community re-integration programs offered by the SNF. Each facility will determine the appropriateness of their facility to meet the client's needs.
7. Clients who are on probation, have a history of drug and alcohol abuse, on dialysis, are being treated for Hepatitis, a pregnant female without complications, has medical conditions Hypertension, Chronic Pulmonary Disease, Diabetes and or Cardiac issues stabilized, is on a stable, clinically appropriate medication regimen, etc. are reviewed for admission.

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8. Clients with the following conditions are generally not suitable for a SNF: History (Hx) of setting fires, Hx of sadistic abuse to animals, actively assaultive, pedophile or Hx of sexually violent behavior and chronic or recurrent dangerousness to self or others. Exceptions may be considered on a case-by-case basis in consultation with the facility, county staff and OptumHealth.
9. Has the potential to benefit from a psychosocial rehabilitation program and the potential to progress to a less restrictive level of care.
10. Is gravely disabled as determined by the establishment of a temporary or permanent public or private Lanterman-Petris-Short (LPS) Conservatorship by Superior Court.
11. Has a TB clearance within thirty days of application.
12. Each facility will make final determination on client's admission.

III. Additional SNF Activities Required by BHS

- A. A documented formal discharge plan must be completed upon admission in conjunction with a psychiatrist, medical doctor (MD), Inter-Disciplinary Treatment Team, family and conservator within 60 days of admission, if relevant.
- B. A documented individualized care plan must be established and treatment goals identified with the resident's participation. The individualized care plan must be reviewed and revised monthly, or more frequently as appropriate, with the resident.
- C. Treatment focus training and education may include, but not limited to the following: General Education Diploma (GED) completion, Time Management, Anger Management, Specific Behavior Targeting, Impulse Control, Interpersonal and Socialization Skills, Participation in Community Activities, Supervised Outings (with no less than a 1:6 staff ratio), and Medication Management Education.
- D. SNF may offer, but not limited to the following programs: Money Management, Basic Activities of Daily Living, In-House Pet Therapy, Gardening, Facility Grounds Maintenance, Resident Operated General Store, Substance Abuse Groups, Focus Groups, Arts and Crafts Groups, Dancing, etc.

IV. Monitoring and Tracking

- A. IMDs and SNFs facilities under contract with AMHS will be monitored by the County Officer Technical Representative (COTR) or COTR designee. Monitoring activities include verification that client has a formal discharge plan, a treatment plan developed in conjunction with the client that includes treatment goals, client progress notes, barriers to discharge, client strength, etc.
- B. The County's Patient Advocacy Contractor, currently Jewish Family Service (JFS) is available to provide advocacy services to all county funded clients at the IMDs or SNFs in San Diego County. JFS will visit each facility, interview clients, and respond to client complaints.

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- C. The County's Behavioral Health Services Quality Improvement (QI) Specialist may conduct medical record reviews.
- D. Each IMD and SNF Patch facility is required to provide the county with a Monthly Status Reports (MSR) by the 20th of the month following the report month, on a format provided by the county.
- E. OptumHealth provides tracking of client bed days at each facility. A SNF Patch rate is fifty five dollars (\$55.00) per day, however, upon written request and justification by the SNF, the COTR may authorize up to seventy dollars (\$70.00) per day for a client presenting Special/Extraordinary conditions (e.g. Temporary 1:1 supervision, etc.).
- F. Each SNF is required to submit to the County COTR a copy of their annual state survey within sixty (60) days after receipt of the report from the state.

V. Reviews of Determination Decisions

- A. When the referring doctor, conservator or client does not agree with the decision regarding eligibility for IMD, the appealing party may request a review of the decision by notifying the A/OAMHS Coordinator in writing within five business days. A copy of the request shall also be sent to the OptumHealth LTC Coordinator. This request for review shall include submission of the following information:
 - 1. New detailed specific information as to why the individual meets the eligibility criteria for IMD.
 - 2. Supportive documentation as relevant.
- B. The A/OAMHS LTC Coordinator or his/her designee:
 - 1. Reviews the information upon which OptumHealth made their original determination of denial.
 - 2. Reviews OptumHealth's documentation or "clinical notes" supporting that decision.
 - 3. Reviews new information provided by the parties requesting the review.
 - 4. As appropriate, interview the involved parties to review information provided or request additional information.
 - 5. As appropriate, request a psychiatric evaluation, usually completed by the A/OAMHS Forensic Psychiatrist or his/her designee.
 - 6. Present all information received to the County of San Diego, Behavioral Health Services (BHS) Clinical Director.

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C. The County of San Diego, BHS Clinical Director shall:

1. Review all of the information received from the A/OAMHS LTC Coordinator or designee.
2. The County of San Diego, BHS Clinical Director shall render the final determination of eligibility after reviewing all of the information presented.
3. The County of San Diego, BHS Clinical Director shall inform (via e-mail) the A/OA MHS LTC Coordinator of the final determination.

D. The A/OAMHS LTC Coordinator shall inform the facility and the OptumHealth LTC Coordinator of the final decision rendered by the County of San Diego, BHS Clinical Director via e-mail and applies the following:

1. When the decision is the client does not meet the eligibility criteria for IMD the A/OAMHS LTC Coordinator shall send a letter to inform the appealing party of the decision and copy the OptumHealth LTC Coordinator.
2. When the decision is the client meets the eligibility criteria the A/OAMHS LTC Coordinator shall send a letter to inform the appealing party and copy the OptumHealth LTC Coordinator and the IMD facility.
 - a. The A/OAMHS LTC Coordinator, OptumHealth LTC Coordinator and the IMD facility work together until the client is admitted to an appropriate IMD or alternative IMD.

VI. Out-Of-County Long-Term Care Placement

A. Client must meet the following eligibility requirements for an Out-of-County placement:

1. Individual meets all criteria for In-County placement.
2. Individual has been refused placement by the In-County facilities, or there are compelling clinical reasons established that the individual would benefit from Out-of-County placement.
3. Once OptumHealth LTC Coordination verifies funding availability with MHS LTC Coordinator, the admission process to an Out-of-County IMD contracted facility is coordinated through OptumHealth.
4. Individual shall be on LPS Permanent Conservatorship prior to admission. The LPS Conservator must authorize A/OAMHS to provide case management services in order for the County to be able to monitor the individual's placement and progress.

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VII. Treatment Planning

A. Each person shall have an individualized treatment plan formulated within fourteen (14) days after admission, based on professional assessments by a multidisciplinary treatment team. Prior treatment history shall be integrated into the treatment planning. The treatment plan addresses issues and problems of the individual, but should be strength based. Treatment plans ensure services consistent with the needs and preferences of the person served and are responsive to their diversity needs (e.g., culture, religion, age, gender, sexual orientation, etc.). Each of the treatment programs and facilities vary in their design for specific services, however the treatment goal examples listed below are common for all patients in the IMD program.

B. Treatment Goals:

1. Stabilize psychiatric symptoms and prevent regression.
2. Actively support and teach adaptive behaviors and effective coping skills that should improve the quality of life and facilitate eventual return to the community.
3. Eliminate or reduce maladaptive behaviors.
4. Develop therapeutic interventions that will enable the persons served to remain in the community for significantly longer periods.
5. Increase the client's involvement and participation in the psychosocial rehabilitation and recovery process.
6. Discharge Planning – the LTC program is committed to community reintegration of those with serious and persistent mental illness. Proactive measures (as listed below) shall be taken prior to discharge.
 - a) Familiarize client with outpatient programs and personnel and provide date and time of scheduled appointment to client.
 - b) Familiarize client with placement facility and facility staff through pre-placement visits.
 - c) Refer to Assertive Community Treatment (ACT) 60 days prior to discharge or document why referral was not made.
 - d) ACT needs to see the client for the minimum of 30 days before discharge.

C. Treatment plans shall be reviewed and updated at each facility, and with the client's conservator/case manager on a quarterly basis and Medi-cal eligibility for the County of San Diego.

VIII. Authorization for Continued Stay at IMD Facility or IMD Alternative Facility

A. IMD programs shall submit quarterly reports to the OptumHealth LTC Coordinator that include written documentation of:

1. Current diagnosis;

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2. Medications and compliance;
3. Treatment goals and progress;
4. Discharge plan and progress towards discharge;
5. Level of participation in programming offered by the facility; and
6. Significant events including seclusion, restraints and harm or threats to self and others.

B. OptumHealth LTC Coordinator or designee reviews the reports to determine the need for continued care, monitor progress in treatment, note significant events, and other pertinent information on each client placed in IMD facilities based on criteria listed below.

C. Criteria for Continued Stay in an IMD Facility or alternative facility.

1. The client must continue on LPS Conservatorship or have a written waiver from the county of the need for LPS Conservatorship

AND

2. One of the following criteria must be met:
 - a) Continued symptoms that meet the eligibility criteria to an IMD facility or alternative IMD facility.
 - b) Presence of new symptoms that meet eligibility criteria to an IMD facility or alternative IMD facility.
 - c) Need for continued evaluation or treatment that can only be provided if the client remains in an IMD facility or alternative IMD facility.
 - d) Description of barriers to discharge and documentation of how the barriers are being actively addressed.

D. Utilization Review Process for clients at IMD contracted facilities or alternative IMD facility, In and Out-of-County.

1. OptumHealth LTC Coordinator reviews the documentation and determines the criteria for continued stay is met.
 - a. Clients may be evaluated by OptumHealth LTC Coordinator or county staff to obtain additional information in order to determine eligibility for continued stay.
 - b. For clients placed in Out-of-County facilities or State Hospital, documentation is provided to the conservator/case manager who then provides appropriate information to OptumHealth LTC Coordinator.

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2. If the criteria for continued stay are met, authorizations are approved for up to ninety days.
- E. If the criteria for continued authorization in an IMD program are not met, OptumHealth shall provide an authorization of at least thirty days in order to give the facility proper notice and to facilitate discharge planning. The "Notice of IMD Continued Authorization Criteria Not Met" (see Attachment - D) shall include:
 1. Last date that payment will be authorized, and
 2. Information regarding requesting a review of the decision.
- a. If the IMD program does not agree with the decision regarding continued authorization, the attending MD, the conservator/client, or the facility may request a review of the decision.
 1. The facility must notify the County LTC Coordinator by at least five business days prior to the last date of authorized payment and:
 - a) Shall complete the "Request for LTC Review" form (see Attachment-C).
 - b) Shall provide supporting documentation as relevant.
 2. If additional information and/or documentation are required the A/OAMHS LTC Coordinator provides a due date to the IMD to provide the information to the A/OAMHS LTC Coordinator. The IMD facility must provide the requested information by the due date in order for it to be used in the determination process.
 3. The A/OAMHS LTC Coordinator or designee shall review the information and render a decision regarding continued authorization at the IMD or IMD alternative facility.
 - a. When a decision is rendered that supports OptumHealth's determination that decision is final. The A/OAMHS LTC Coordinator informs the appealing party and OptumHealth.
 - b. When a decision is rendered that allows additional payment authorization for a client's continued stay at an IMD facility the A/OAMHS LTC Coordinator informs the facility. If additional information and/or documentation are required the A/OAMHS LTC Coordinator provides a due date to the IMD to provide the information to the A/OAMHS LTC Coordinator.
 - c. The IMD facility must provide the requested information by the due date in order to receive payment.

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IX. Discharge from IMD Facility

A. The client must meet the following criteria before an IMD can discharge a client to the community:

1. The client no longer meets all of the criteria for admission and continued stay in an IMD program.
2. A discharge plan has been developed by the facility.
3. The facility has included the conservator/case manager in the planning and the conservator/case manager agrees with the discharge plan.
4. The IMD facility is responsible for informing OptumHealth LTC Coordinator and the conservator/case manager when the discharge has occurred within one (1) business day.
5. When a client meets criteria for discharge from an Out-of-County facility to a lower level of care, the conservator/case manager arranges admission and transportation to an appropriate lower level of care. The Out-of-County case manager is responsible for informing OptumHealth LTC Coordinator of the discharge.

B. Discharge from an IMD or IMD alternative facility to a higher level of care (e.g., acute State Hospital or In- County Fee for Service Hospital), the following criteria are met:

1. The client is unable to be treated at the IMD level of care due to the severity of symptoms.
2. The client must meet admission criteria set by accepting facility which offers a higher level of care.
3. The IMD program arranges admission and transportation to the accepting facility which offers a higher level of care and notifies OptumHealth LTC Coordinator, the conservator and the case manager. State hospital admissions must first be authorized by the Mental Health Services Adult/Older Adult LTC Coordinator.
4. Out-of-County IMD programs notify the case manager who in turn notifies OptumHealth LTC Coordinator.

ATTACHMENT(S):

- A - [Secure Facilities/LTC Referral Form](#)
- B - [Secured Facility/Long Term Care Referral Form \(Fax Cover Sheet\)](#)
- C - [Secure Facility/LTC Notice to Payee](#)
- D - [OptumHealth Secured Facility/ Long Term Care Letter of Determination](#)
- E - [OptumHealth Secured Facility/LTC Letter](#)
- F - [Recommendation from Case Manager for Placement in a Locked IMD or State Hospital](#)

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G - [Revised Mini-Cog™](#)

H - [Documentation Needed for SF/LTC Referral Packets for IMD and SD County SNF Patch](#)

SUNSET DATE:

This policy shall be reviewed for continuance on or before April 30, 2014.

AUTHOR/CONTACT ON 2/28/11:

Heidi Shaffer